



## Missouri Department of Agriculture Organic Program Organic Crops and Wild Crops Production System Plan Update

This form should be completed yearly by MDA certified crop producers when updating their organic production system plans. Use additional sheets if necessary. Attach a field history sheet for current year, updated farm maps (if any changes), and any other records required to verify NOP compliance.

SECTION 1: General Information				NOP Rule 205.406(a)(2) and 205.401(b)	
Certification Number	County	Year First Certified	For Office Use Only		
			Date Received	Date Reviewed	
Name					
Farm Name			Reviewed by	Certification Status	
Mailing Address			Phone		
City	State	Zip Code	Secondary Phone		
Type of Farm Crops			FAX		
			E-mail		
List Your Current Organic Certification Agency			List All of Your Previous Organic Certification Agencies		
Have You Ever Been Denied Certification? <input type="checkbox"/> yes <input type="checkbox"/> no			If yes, List year and describe the reasons for denial. Attach documentation of corrective actions.		
Preferred Dates and Time for Inspection Visit:					
SECTION 2: Minor Non-compliances			NOP Rule 205.406(a)(3)		
Did you have any minor non-compliance issued on last year's certification? <input type="checkbox"/> yes <input type="checkbox"/> no					
If yes, complete the following table. List each minor non-compliance and action taken. Use additional sheets if necessary.					
<b>Minor Non-compliance</b>			<b>Describe how you addressed the minor non-compliance.</b>		

**SECTION 3: Organic Plan Update****NOP Rule 205.406(a)(1)****A. Current Crop Plans**

Please complete the following table for all current years' crops and/or products requested for certification.

Crop Requested for Certification	Field Numbers	Total Acres/Hectares	Projected Yields

**B. Organic Farm Plan Changes**

What year did you last submit a complete Organic Crop Production System Plan Questionnaire? \_\_\_\_\_

Date that you received certification: \_\_\_\_\_

Check the following categories where changes have or have not been made in your Organic Crop Production System Plan and summarize all changes made or planned to be made. Attach additional sheets if necessary.

**Current Organic Farm Plan Update**

No Change	Changes	Farm Plan Topic	Summary Statement of Changes
<input type="checkbox"/>	<input type="checkbox"/>	General information	
<input type="checkbox"/>	<input type="checkbox"/>	Newly purchased or rented fields <i>*(See Note)</i>	
<input type="checkbox"/>	<input type="checkbox"/>	Farm maps	
<input type="checkbox"/>	<input type="checkbox"/>	Seeds and seed treatments	
<input type="checkbox"/>	<input type="checkbox"/>	Seedlings and perennial stock	

No Change	Changes	Farm Plan Topic	Summary Statement of Changes
<input type="checkbox"/>	<input type="checkbox"/>	Soil fertility management	
<input type="checkbox"/>	<input type="checkbox"/>	Compost or manure use	
<input type="checkbox"/>	<input type="checkbox"/>	Conservation practices	
<input type="checkbox"/>	<input type="checkbox"/>	Water quality and use	
<input type="checkbox"/>	<input type="checkbox"/>	Crop rotation	
<input type="checkbox"/>	<input type="checkbox"/>	Weed management plan	
<input type="checkbox"/>	<input type="checkbox"/>	Pest management plan	
<input type="checkbox"/>	<input type="checkbox"/>	Disease management plan	
<input type="checkbox"/>	<input type="checkbox"/>	Adjoining land use and buffers	
<input type="checkbox"/>	<input type="checkbox"/>	Split or parallel operation	
<input type="checkbox"/>	<input type="checkbox"/>	Equipment	
<input type="checkbox"/>	<input type="checkbox"/>	Harvest plan	
<input type="checkbox"/>	<input type="checkbox"/>	Post-harvest handling	
<input type="checkbox"/>	<input type="checkbox"/>	Crop storage	
<input type="checkbox"/>	<input type="checkbox"/>	Crop transportation	
<input type="checkbox"/>	<input type="checkbox"/>	Record keeping system	
<input type="checkbox"/>	<input type="checkbox"/>	Type of marketing/product labels	
<p><b>*NOTE:</b> <i>If you are requesting certification for newly purchased land or rented land this year, attach a Last Prohibited Material Applied Declaration form.</i></p>			
<p>Additional Comments:</p>			

### C. Inputs

List all seeds used or planned for use in the current crop season. Check the appropriate boxes and provide other information as needed. Attach additional sheets if necessary. Please send in with application, copies of all seed and inoculant labels, seed catalogs, or other records that will demonstrate that you comply with the NOP seed commercial availability requirements. Copies of sale receipts or other purchase records must be available for verification during inspection.

Seed/Variety/Brand	Organic (✓)	Untreated (✓)	Non-GMO (✓)	Treated (✓)	GMO (✓)	Type/Brand of Treatment	

If organic seeds were not commercially available with an equivalent variety, you must document your attempts to obtain organic seeds. List below including attempts for each seed variety not organic.

If treated seeds are used or plan to be used, and treatment is not on the approved list, you must have a Phytosanitary Certificate stating that regulations require the treatment(s).

List all fertility inputs, soil mix ingredients, pest and disease control products, water additives, or other inputs used or intended for use in the current season on proposed organic and transitional fields. Use additional sheets if necessary. All inputs used during the current year must be listed on your Field History Sheet. ☐ No inputs used

Product	Brand Name or Source	Approved (A) Restricted (R) Prohibited (P)	Describe Use of Restricted Products	Non GMO (✓)	GMO (✓)
			Explain compliance with NOP Rule Annotation		

## D. Monitoring Practices and Procedures

*Ongoing monitoring is required by the NOP Rule Section 205.201(a) (3).*

### Fertility Management Program

Rate the effectiveness of your **fertility** management program: ☐ excellent ☐ satisfactory ☐ needs improvement  
Describe any changes you have made or intend to make based on the results of your monitoring program.

### Natural Resource Management

Rate the effectiveness of your **soil** conservation program: ☐ excellent ☐ satisfactory ☐ needs improvement  
Describe any changes you have made or intend to make based on the results of your monitoring program.

Rate the effectiveness of your **water** quality program: ☐ excellent ☐ satisfactory ☐ needs improvement  
Describe any changes you have made or intend to make based on the results of your monitoring program.

### Weed, Pest, and Disease Management

Rate the effectiveness of your **weed** management program: ☐ excellent ☐ satisfactory ☐ needs improvement  
Describe any changes you have made or intend to make based on the results of your monitoring program.

Rate the effectiveness of your **pest** management program: ☐ excellent ☐ satisfactory ☐ needs improvement  
Describe any changes you have made or intend to make based on the results of your monitoring program.

Rate the effectiveness of your **disease** management program: ☐ excellent ☐ satisfactory ☐ needs improvement  
Describe any changes you have made or intend to make based on the results of your monitoring program.

## Other Monitoring

Have you completed monitoring logs for the following? Complete table indicating which logs that you maintain.

Recordkeeping Logs Maintained	If no records, Do you monitor to maintain organic integrity?	Items
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	Adjoining land uses, buffers, notification letters, posting signs
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	Input equipment cleaning (sprayers, planters, etc.)
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	Harvest equipment cleaning
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	Crop testing for contaminants (prohibited materials, GMO's)
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	Post harvest handling
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	Crop storage cleaning
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	Transportation of organic crops
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	Compost production
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	Labor records

  

Do you maintain a complaint log <input type="checkbox"/> yes <input type="checkbox"/> no	Do you obtain appropriate organic certificates or transaction certificates to verify the purchase of organic products? <input type="checkbox"/> yes <input type="checkbox"/> no
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## Section 4: Annual Summary of Organic Crop Yields

NOP Section 205.103

The following organic crops/products have been sold from \_\_\_\_\_ (date) to \_\_\_\_\_ (date).

Crops/Products	Number of Acres	Actual Yield	Amount Sold	Amount Left to Sell	Remaining Crop Storage ID #

## Section 5: Agreement

*The person signing the application update must be authorized to represent the business.*

I (We) Business Name(s)\_\_\_\_\_state that everything submitted in this application is complete and true to the best of my (our) abilities; and that I (We) will fully comply with the NOP standards and with MO Rules for producing and handling organic foods and food products. (Reference: NOP: 7CFR Part 205-209; MO: 2CSR 70-16.)

Signature of Applicant\_\_\_\_\_Date\_\_\_\_\_

Print Name\_\_\_\_\_

### **I have attached the following documents:**

- ☐ Updated maps of all parcels/fields (showing adjoining land use and field identification)
- ☐ Field history sheets for current farms/sites that you manage.
- ☐ Documentation for fields owned or rented for less than three years, if applicable
- ☐ Water test, if applicable
- ☐ Poultry Litter, Soil and/or plant tissue tests, if applicable
- ☐ Residue analyses, if applicable
- ☐ Input product labels, if applicable
- ☐ Organic product labels, if applicable
  
- ☐ **I have made copies of this questionnaire and other supporting documents for my own records.**